PROTOCOL FOR EMPLOYEE/RETIREE BLOOD TESTING

1. Employees/retirees who wish to have their blood tested for PCBs are to notify plant management. Persons who have notified plant management will be contacted by the office of Dr. Gehi, the contract plant physician, to set up an appointment to have blood drawn.

2. Blood samples will be taken under the direction of Dr. Gehi in his offices in Anniston. Dr. Gehi's office will ask each person to sign a consent form and will also administer a brief questionnaire to determine work history and to obtain information about potential sources of exposure to PCBs. The collection method and collection tubes designated by the analytical laboratory will be used. (American Medical Laboratories, Chantilly, VA, will supply Green Top (heparinized) tubes and shipping kits.)

3. Samples will be shipped by air express or other appropriate shipping method to American Medical Laboratories. Shipment of samples will be done with the customary care taken for shipment of all clinical blood samples.

4. Samples will be analyzed by American Medical Laboratories using their standard procedures. Proper chain of custody procedures and quality assurance procedures will be maintained throughout the analysis phase.

5. Analytical results will be reported to Dr. Gehi. Individual results will be communicated to employees/retirees in person by Dr. Gehi in Anniston. For current employees, the results will be placed in employees' plant medical records. Results with employees'/retirees' names redacted will be communicated to Dr. Robert Kaley, Solutia Inc., St. Louis.

6. Prior to distribution of individual results, a meeting will be held at the Anniston plant, at which Dr. Robert Kaley will discuss what is known about levels of PCBs in background, environmentally exposed and occupationally exposed populations and what is known about the human health effects of PCBs. Dr. Gehi will discuss the individual results with each employee/retiree and indicate relationship to population background levels and levels in occupationally exposed cohorts.

7. Employees/retirees requesting additional information or discussion of results will be referred as appropriate.

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NAME:

AGE: HEIGHT: WEIGHT:

HAVE YOU GAINED OR LOST WEIGHT IN THE LAST YEAR?

DO YOU SMOKE CIGARETTES?

ARE YOU A CURRENT SOLUTIA EMPLOYEE? A PAST SOLUTIA/MONSANTO EMPLOYEE? A RETIREE?

HOW LONG HAVE YOU WORKED/DID YOU WORK AT SOLUTIA/MONSANTO? WHAT YEARS?

DID YOU EVER WORK IN THE AROCLOR DEPARTMENT?
- FOR HOW LONG?
- WHAT YEARS?
- WHAT WAS YOUR JOB TITLE?
- BRIEFLY DESCRIBE YOUR DUTIES:

HAVE YOU BEEN EMPLOYED BY ANYONE OTHER THAN SOLUTIA/MONSANTO SINCE 1971?
- WHAT COMPANIES?
- FOR HOW LONG?
- WHAT YEARS?
- WHAT WAS YOUR JOB TITLE?
- BRIEFLY DESCRIBE YOUR DUTIES:

DO YOU HAVE ANY KNOWN OR SUSPECTED OCCUPATIONAL EXPOSURE TO PCBs?
- DESCRIBE:

DO YOU HAVE ANY KNOWN OR SUSPECTED ENVIRONMENTAL EXPOSURE TO PCBs?
- DESCRIBE:

DO YOU EAT LOCALLY CAUGHT FISH?
- SOURCE?
- WHAT KIND OF FISH?
- HOW OFTEN/HOW MUCH?

ANY OTHER INFORMATION OR QUESTIONS?

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CONSENT FORM

I, _____, hereby consent to have blood drawn for the purpose of analysis of the sample for polychlorinated biphenyls (PCBs). This sample is being taken at my request. I understand that no other tests will be performed on this sample. I also understand that the results will be delivered to me upon completion of the analysis and that, if I am a current employee, a copy of the results will be placed in my plant medical records.

Signed_____ Date_____

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